



General Freight, Warehousing, Storing, & Distribution

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## Independent Contractor/Owner Operator Application

<b>Driver #</b>		<b>Date</b>	
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Applicant Information							
<b>First Name</b>		<b>Last Name</b>		<b>Social Security #</b>			
<b>Address</b>				<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Driver License #</b>		<b>Date of Birth</b>		<b>Phone#</b>			
<b>Email</b>				<b>Position Applied For</b>			

Company Information							
<b>Name</b>				<b>DBA:</b>			
<b>US DOT#</b>		<b>MC#</b>		<b>CA#</b>			
<b>Federal Tax ID# (EIN)</b>				<b>Business Phone#</b>			
<b>Address</b>				<b>City</b>		<b>State</b>	<b>Zip</b>

Vehicle Information								
<b>Year</b>		<b>Make</b>		<b>Vehicle Type</b>	<b>Bobtail</b> <input type="checkbox"/>	<b>Tractor</b> <input type="checkbox"/>	<b>Day Cab</b> <input type="checkbox"/>	<b>Sleeper</b> <input type="checkbox"/>
<b>Bobtail # of Axles</b>		<b>Tractor # of Axles</b>		<b>Trailer?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Trailer Length</b>	
<b>Bobtail Length</b>		<b>Bobtail GVRW</b>		<b>Tractor GVRW</b>		<b>Trailer Type/Make</b>		
<b>Flatbed</b> <input type="checkbox"/>	<b>Dry Van</b> <input type="checkbox"/>	<b>Reefer</b> <input type="checkbox"/>	<b>Lift Gate</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>High Cube</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Can your Vehicle/Truck Pass Scales?</b>				<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>			

Service Area/Area of Interest								
<b>LA County</b>		<b>Orange County</b>		<b>Ventura County</b>		<b>Riverside County</b>		<b>Southern CA</b>
<b>San Bernardino County</b>		<b>San Diego County</b>		<b>Central CA</b>		<b>Northern-CA</b>		<b>Nevada</b>
<b>Arizona</b>		<b>Western States</b>		<b>Midwest States</b>		<b>Eastern States</b>		<b>All 48 States</b>

Applicant	
<b>Name</b>	
<b>Date:</b>	
<i>This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.</i>	
<b>Signature</b>	